

## MIS Access Request Form (ARF) Directions

**I. Contact Information:** This is used to verify your request and for receiving system notifications.

**II. Data Only Request:** This portion of the request form is for requesting information on a one-time basis. Use this section if you do not need access on a daily or routine basis. Please provide the Major Claimant or UIC(s) that are required for your report. Additionally, please provide the data fields that are to be included in your report. Give any details that will help us retrieve the exact information that you need.

**III. User Account Request:** This portion of the request form is to request a permanent user account. Software licenses are limited. **Please notify the help desk when you no longer require an account.** You must complete the annual IA awareness refresher training, and read the “DoD Guidance on Protecting Personally Identifiable Information (PII),” dated August 18, 2006.

Once you have completed the Access Request Form, you can e-mail it to [dacmmis\\_helpdesk@navy.mil](mailto:dacmmis_helpdesk@navy.mil). This email address is also located in the NMCI global address directory. Once your Access Request Form is received, reviewed, and approved, the IT Program Manager will create your account for the MIS and notify you of its creation. The MIS link will appear on the left-hand side of the eDACM portal when you log in. The MIS is also accessible directly at <https://dacmmis.donhq.navy.mil>.

# ACCESS REQUEST FORM (ARF)

## ASN(RD&A) DACM Management Information System (MIS)

Directions: Email completed form with signatures to [dacmmis\\_helpdesk@navy.mil](mailto:dacmmis_helpdesk@navy.mil).

For assistance, contact [dacmmis\\_helpdesk@navy.mil](mailto:dacmmis_helpdesk@navy.mil). This email account is monitored during normal business hours.

### **I Contact Information:**

|                                      |                             |
|--------------------------------------|-----------------------------|
| <b>Last Name:</b>                    | <b>First Name:</b>          |
| <b>Contact Phone with Area Code:</b> | <b>Rank/Title:</b>          |
| <b>Command/Company:</b>              | <b>UIC/Contract Number:</b> |
| <b>Address:</b>                      | <b>Email Address:</b>       |
| <b>Supervisor's Name:</b>            | <b>Supervisor's Phone:</b>  |

### **II Data Only Request:**

Fill in this section if you are requesting data only.

|  |  |
|--|--|
| <b>Reason for Request:</b><br><br><b>Description of Request:</b>   |  |
| <b>Type of Report:</b><br><input type="checkbox"/> Canned Report<br><input type="checkbox"/> Ad Hoc Report | <b>Claimant/UIC for Report:</b><br>_____<br>_____  |
| <b>Requested By Date:</b><br>_____   | <b>Data Fields for Report:</b><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |

### **III User Account Request:**

|  |  |
|--|--|
| <b>Type of Account:</b>                                    |  |
| <b>Ad Hoc Reports</b> <input type="checkbox"/>             | <b>Entire Claimant(s):</b> <input type="checkbox"/><br>_____<br>_____<br><b>Specific UIC(s):</b> <input type="checkbox"/><br>_____<br>_____<br>_____ |
| <b>Canned Reports</b> <input type="checkbox"/>             | <b>Entire Claimant(s):</b> <input type="checkbox"/><br>_____<br>_____<br><b>Specific UIC(s):</b> <input type="checkbox"/><br>_____<br>_____<br>_____ |
| <b>Application Administration</b> <input type="checkbox"/> |  |
| <b>Other</b> <input type="checkbox"/>                      | _____  |

### **IV User Information Assurance Awareness:**

*I have taken the annual Information Assurance Refresher Training Course or an equivalent Information Security Training Course within the last year. The Navy course can be taken at Navy Knowledge On-Line at <http://www.nko.navy.mil>.*

\_\_\_\_\_  
Signature

*I have read, understand, and will comply with the DoD Memorandum, "DoD Guidance on Protecting Personally Identifiable Information (PII)," dated August 18, 2006, and DODD 8500.1 Information Assurance.*

\_\_\_\_\_  
Signature

## **V Justification and Approval Authority:**

Please provide justification for access to the DACM MIS and DAWIA workforce data:

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For activity based Training Representatives, your approval authority is your Echelon II Training Representative. For a list of Echelon II Training Representatives go to <http://acquisition.navy.mil/content/view/full/4353>.

For all other personnel, your approval authority is the DACM Chief of Staff.

|   |                   |
|---|-------------------|
| <b>Approval Authority: (Print)</b>              | <b>Signature:</b> |
| <b>Phone: (Comm)                      (DSN)</b> | <b>Date:</b>      |